

INDIANA EMERGENCY MEDICAL SERVICE FIRST RESPONDER RECERTIFICATION APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP CODE: _____

DRIVER'S LICENSE OR STATE I.D. NUMBER:

AFFILIATION: _____

FIRST RESPONDER CERT #: EXPIRATION DATE:

FIRST RESPONDER SIGNATURE: _____ DATE: _____

This form will be used to report your continuing education activity for the two (2) year certification period and will serve as the application for recertification. To remain certified as a first responder, each certified first responder shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirement to take and report twenty (20) hours of continuing education according to the following:

1. Participate in minimum of sixteen (16) hours of any combination of lectures, critiques, skills proficiency examination, or audit and review, which reviews subject matter presented in the Indiana first responder curriculum.
2. Participate in a minimum of four (4) hours of review in defibrillation and airway management as presented in the Indiana first responder curriculum.

An individual who fails to comply with the continuing education requirements described in the article forfeits all right and privileges of a certified first responder and shall cease from providing the services authorized by a first responder as of the date of expiration of the current certificate.

Have you ever been charged or convicted of a crime other than minor traffic violations? ☐ Yes ☐ No

If yes, have you previously reported the details of this crime/crimes to the Indiana Department of Homeland Security? ☐ Yes ☐ No

Continuing Education Activity: In the space provided below identify your continuing education activity during the two (2) year certification period. **Mail to: Indiana Department of Homeland Security, 302 West Washington St., Rm E239, Indianapolis, IN. 46204**

[illegible]

DEFIBRILLATION AND AIRWAY MANAGEMENT REVIEW

SUGGESTED FIRST RESPONDER IN-SERVICE TRAINING GUIDELINES

The following are activities which are recognized as meeting the requirements for First Responder in-service training during each year of the certification:

1. Participation in workshops and seminars related to the skills of a First Responder.
Examples: CPR courses and seminars, rescue and extrication workshops.
2. Scheduled department training meetings to review and evaluate procedures, operation policies, and communication.
3. Scheduled training meetings when a guest speaker presents material which is related to emergency care procedure, medical-legal requirements, or other topics which is directly related to the First Responder.
4. Demonstration-practice sessions utilizing available First Responder emergency care equipment.
5. Participation in community exercise - disaster drills.
6. Audio visuals (film, video tapes) which are presented to illustrate and review proper emergency care procedure.
7. Assisting in other First Responder Training Courses.
8. Appearing as a guest lecturer or conducting a demonstration related to a topic within the scope of the First Responder Course.
9. Textbook reading assignments followed by short quizzes to review important concepts.
10. Workbook assignments which are submitted to the training coordinator monthly.

THE FOLLOWING IS NOT ACCEPTABLE IN-SERVICE FOR THE FIRST RESPONDER

1. Training in Advanced Life Support procedures.
Example: I.V. therapy, ECG Monitoring
2. Training in complex basic life support procedure.
Example: Use of MAST
3. Administrative work for an ambulance service.
4. Experience riding with an ambulance service.